

TOWN OF NORTH ANDOVER Office of COMMUNITY DEVELOPMENT AND SERVICES HEALTH DEPARTMENT

1600 OSGOOD STREET; Suite 2035

NORTH ANDOVER, MASSACHUSETTS 01845 978.688.9540 – Phone

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Email: healthdept@northandoverma.gov

www.northandoverma.gov

Animal Permit Form

The undersigned hereby applies for a permit to "KEEP CERTAIN ANIMALS AND BIRDS" within the Town of North Andover, in accordance with Chapter III, Section 31 and 143 of the General Laws, and subject to the rules and regulations of the local Board of Health and Zoning Bylaws.

ADDRESS/LOCATION OF ANIMALS:			
OWNER'S NAI	ME:		
OWNER'S ADDRESS/LOCATION IF DIFFERENT:			
Dealer: Yes_	No	Adult	TOTAL ACREAGE:
1. Cattle (Adul	t = 2 years & over) Dairy Beef Steers/Oxen		
2. Goats (Adult = 1 year & over) 3. Sheep (Adult = 1 year & over)			8. Rabbits: 9. Other:
4. Swine:	Breeders Feeders		
5. Llamas / Alp	pacas		
6. Equines: Stable use: Private □	Horses / Ponies Donkeys / Mules Boarding □ Trai	 	
Rental □	Lessons [
Name of Applicant (PLEASE PRINT)			Signature of Applicant
Contact Phone	Numbers (indicate cell; I	iome; work,	etc.)

FEE: \$35.00

Please make check payable to: Town of North Andover (mail to above address)